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TITLE: National Assessment of the Technical Assistance Needs of Asian and Pacific Islander HIV Prevention Programs

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BACKGROUND/OBJECTIVES: Asians and Pacific Islanders (APIs) are one of the fastest growing populations in the U.S. Although the reported number of AIDS cases remain relatively low among APIs, rapid population growth and the diversity of API languages and cultures make HIV prevention in these communities particularly challenging. The Asian and Pacific Islander American Health Forum (APIAHF), a National/Regional Minority Organization (NRMO), was funded by the CDC to conduct a national assessment of the technical assistance and training (TAT) needs of HIV prevention programs targeting Asians and Pacific Islanders. This assessment was conducted in conjunction with the CDC and other NRMOs.

METHODS: From August 1997 through August 1998, APIAHF conducted two surveys of 80 Asian and Pacific Islander (API) community-based organizations (CBOs)(71% response rate to one or both surveys from 15 states, Washington, DC and Guam), a survey of the health departments in the thirty territorial, state and local jurisdictions with the highest API populations (80% response rate), 5 regional focus groups of API men who have sex with men (36 participants from 17 CBOs), 8 local focus groups of API youth (80 participants under age 25 from 6 cities) and 6 key informant interviews of leaders of API gay men's groups to assess the TAT needs of HIV prevention programs targeting Asians and Pacific Islanders.

RESULTS: Asian and Pacific Islander (API) HIV prevention programs provide a diverse number of individual, group and community level interventions targeting diverse API populations by API ethnicities/national origins, languages and risk behaviors. There are significant gaps in linguistic access to HIV testing and to information about HIV in several states and cities with large numbers of API residents. The API CBOs surveyed reported program evaluation (45% of responding CBOs ranked as high priority), behavioral and social science (40% of responding CBOs ranked as high priority), organizational development (e.g., fundraising and resource development, strategic and long-term planning, volunteer program development and collaboration)(38% of responding CBOs ranked as high priority) and epidemiology (30% of responding CBOs ranked as high priority), as their highest TAT priorities.

CONCLUSIONS: Asian and Pacific Islander (API) CBOs that conduct HIV prevention programs need TAT in program evaluation, behavioral and social science, organizational development and epidemiology. The API CBOs surveyed preferred receiving such TAT from a diverse number of TAT providers, including the CDC, state and local health departments, NRMOs, other CBOs and academic institutions. Health departments and community planning groups need TAT in understanding and addressing the HIV prevention needs of APIs in their planning and funding decisions.

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